DMV Lane Technician Observation Report

| DMV Technician: Dave Pollit | | Position: 1 or 2 | | | |
|--|-------------------------------|------------------|-----------|-----|-----|
| Station: | Date: 1/-7-13 Model On //a | Time: | | | |
| Vehicle Make: Toyota | Model On //a | | Year 2005 | | |
| GVWR: — Fuel Type: | Registr | ration Nur | nber: | 559 | 4 |
| Auditor: Briese | Covert/ | Overt (Ci | ircle On | e) | |
| | | | | | |
| | | | YES | NO | N/A |
| 1. Did technician check vehicle paper | work and verify VIN n | umber? | L | | 1 |
| 2. Was Emissions testing required? | | | V | | |
| a) Was Emissions testing performed | using OBD? | | ~ | | |
| b) Was Emissions testing performed | | ? | | | |
| c) Was Emissions testing performed | | | | | |
| d) Was Emissions testing performed | using Clip? | | | | |
| 3. Was Catalytic Converter inspection | n required? | | | | |
| a) Was Catalytic Converter inspection | on performed? | | | | |
| 4. Was Fuel Tank pressure testing req | uired? | | | | |
| a) Was Fuel Tank pressure testing pe | rformed? | | | | |
| 5. Was Fuel Cap pressure testing requi | ired? | | | | |
| a) Was Fuel Cap pressure testing per | formed? | | | | |
| | | | | | |
| 6. Is this test a Re-check from a prior f | ailure? | | | | |
| a) Which re-check test is being perfo | rmed? 1 2 3 (circle of | one) | | | |
| b) If this is re-check #3, was repair page 1 | aperwork verified for v | vaiver? | | | |
| | | | | | |
| Sussex County Only | | | | | |
| 7. Was Curb Idle testing required? | | | | | |
| a) Was Curb Idle testing performed? | | | | | |
| | | | | | |
| Comment: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DMV Lane Technician Observation Report

| DMV Technician: Tel Ribarz | Position 1 or 2 | | | |
|--|-----------------|-----------|-----|-----|
| Station: Date: 11-7-13 | Time: | | | |
| Vehicle Make: For Model F. 250 | Y | Year 1988 | | |
| GVWR: Fuel Type: G. Registra | tion Num | ber: 5 | 645 | 5 |
| Auditor: Covert/Overt (Circle One) | | | | |
| | | | | |
| | | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN nu | mber? | 4 | | |
| 2. Was Emissions testing required? | | 6 | | |
| a) Was Emissions testing performed using OBD? | | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | / | | |
| c) Was Emissions testing performed using Paddle(s)? | | V | | |
| d) Was Emissions testing performed using Clip? | | V | | |
| 3. Was Catalytic Converter inspection required? | | - | | |
| a) Was Catalytic Converter inspection performed? | | ~ | | |
| 4. Was Fuel Tank pressure testing required? | | | | |
| a) Was Fuel Tank pressure testing performed? | | | | |
| 5. Was Fuel Cap pressure testing required? | | | | |
| a) Was Fuel Cap pressure testing performed? | | | | |
| | | | | |
| 6. Is this test a Re-check from a prior failure? | | | | |
| a) Which re-check test is being performed? 1 2 3 (circle o | ne) | | | |
| b) If this is re-check #3, was repair paperwork verified for w | | | | |
| | | | | |
| Sussex County Only | | | | |
| 7. Was Curb Idle testing required? | | | | |
| a) Was Curb Idle testing performed? | | | | |
| , | | | | |
| Comment: | | | | |
| Two Speed fail | | | | |
| The state of the s | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DMV Lane Technician Observation Report

| | Position: 1 or 2 | | |
|--|-----------------------------|----|-----|
| Station: Date: //-7-/3 Tim | ne: | | |
| Vehicle Make: Jeef Model Lando | anado Year 2003 | | |
| | Registration Number: 201812 | | |
| Auditor: Gresa Covert Over | Covert (Overt (circle one) | | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | | | |
| 2. Was Emissions testing required? | V | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | |
| a) Was Catalytic Converter inspection performed? | | | |
| 4. Was Fuel Tank pressure testing required? | | | |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: OBD Fasted | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |